PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

205429480

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	OTHER THAN	
			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL		
TOTAL CLAIMS			30					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			30 minus 20=		· 10			X\$ 9=		OR	X\$18=	180	
INDEPENDENT CLAIMS			minus 3 =		4	4		X40=		OR	X80=	320	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	<u> </u>	TOTAL		OR	TOTAL.	1398	
CLAIMS AS AMENDED - PART II								•			OTHER		
		(Column 1)		(Colu	(Column 3)		SMALL E		OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF MI	Minus	***	T CLAIM	=		X40=	,.	OR	X80=		
	FIRST FRESE	INTATION OF WI	JLIIFLE DLI	PINDLA	I OLAIIVI		2	+135=		OR	+270=		
							L	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3)	AU	DII. FEE B			ADDIT. I C.C.		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	T 01 A184	=		X40=		OR	X80=		
	HHSI PHESE	NTATION OF M	JLIIPLE DEI	PNDEN	CLAIM			+135=		OR	+270=		
							<u> </u>	TOTAL DIT. FEE		OD.	TOTAL		
									السيديين	O	ADDIT. FEE		
	13. 10 mil 10 m	(Column 1) CLAIMS	Q. 4. 4 %	HIGH	mn 2) HEST	(Column 3)	_		4001	ı		4504	
AMENDMENT C		REMAINING AFTER AMENDMENT	* * *	NUM PREVI	MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		= 0		X\$ 9=		OR	X\$18=	,	
AME	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN.	T CLAIM		╵├╴	405			070		
+ 16 th a subscience discharge About the contacting polymer C south #08 in polymer C										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box											TOTAL ADDIT. FEE		
	The "Highest Num	nber Previously Pa	id For" (Total o	r Independ	dent) is the	highest numbe	r found	l in the app	ropriate box	in col	umn 1.		